

Section B: Required Minimum Distribution (RMD) (check only one option) (continued)

You will need the company to provide the appropriate values for the calculation in order to properly calculate your RMD if you choose Option 2 or Option 3.

 Option 2 – You will calculate your RMD

Please distribute my RMD from the contract listed above for this distribution year only. I certify that I have calculated the amount of my RMD using the appropriate values provided by the company. I understand that I am responsible for any penalties or liability which may result in my failure to instruct the Company to distribute my RMD for succeeding distribution years.

RMD Amount: \$ _____

 Option 3 - You would like to take multiple RMD distributions from this contract

I have calculated my RMD for this distribution year separately for each IRA I own. I certify that I have used the appropriate values provided by the company in my calculation.

I wish to withdraw \$ _____ for this current distribution year from the contract listed above.

Please Note: To withdraw funds from one contract to satisfy required minimum distribution requirements for another contract, the contract must be the same contract type.

Section C: Tax Withholding

Please Note: This section is not applicable for custodial owned contracts.

C1: Federal Income Tax Withholding

Federal tax law requires us to withhold 10% of the taxable amount of your distribution unless you tell us not to. Even if you tell us not to withhold taxes, you may have to pay federal and state income taxes on the taxable portion of your withdrawal. You may also have to pay tax penalties if your estimated tax withholdings are not adequate. Your signature on this form acknowledges that you have read this information about income tax withholding and that the Social Security or Taxpayer Identification Number you wrote on this form is correct.

If you are a non-resident alien and you are requesting a reduced tax withholding rate, you must give us your Individual Taxpayer Identification Number (ITIN). You must also send us a completed IRS form W-8BEN to certify your foreign status. We will withhold 30% federal income tax from the taxable amount of your withdrawal if you are claiming reduced withholding under a tax treaty and there is no applicable tax treaty, or you do not provide us with an ITIN.

Please choose one:

- Do not withhold
- Withhold 10%
- Withhold the following amount: \$ _____
- Withhold the following percent: _____ % (Must be a whole percentage. Cannot exceed 90% of the taxable distribution.)

Please Note: If no option is selected, federal tax law requires us to withhold 10% of the taxable distribution (non-resident aliens may be subject to a higher percentage as explained above).

Section C: Tax Withholding (continued)**C2: State Income Tax Withholding****Mandatory Withholding*****Arkansas, California, Georgia, North Carolina, and Oregon***

- If you reside in one of these states, you may opt out of the mandatory state withholding by electing 'Do not withhold' below.

Connecticut

- If you reside in Connecticut, state income tax withholding will apply regardless of whether federal income tax is withheld. Withholding will be taken at the default rate, unless otherwise specified by you.
- Please refer to and complete the Connecticut withholding certificate, Form CT-W4P.

Delaware, Iowa, Kansas, Maine, Massachusetts, Nebraska, Oklahoma, Vermont, and Virginia

- If you reside in one of these states and federal income tax is withheld, state income tax withholding will apply. You may not opt out of the mandatory state withholding.

District of Columbia

- ***Full distributions from IRAs and qualified plans:*** If you reside in the District of Columbia and federal income tax is withheld, state income tax withholding will apply. You may not opt out of the mandatory state withholding.
- ***All other applicable distributions:*** These distributions can be treated as voluntary withholding.

Michigan

- If you reside in Michigan, state income tax withholding will apply regardless of whether federal income tax is withheld. Withholding will be generally taken at the default rate.

Voluntary Withholding***Alabama, Arizona, Colorado, Georgia, Hawaii, Idaho, Illinois, Indiana, Kentucky, Louisiana, Maryland, Minnesota, Mississippi, Missouri, Montana, New Jersey, New Mexico, New York, North Dakota, Ohio, Pennsylvania, Rhode Island, South Carolina, Utah, West Virginia, and Wisconsin***

- If you reside in one of these states, you may voluntarily elect state income tax withholding below. If no option is selected state income tax will not be withheld.

Please choose one:

- Do not withhold
- Withhold the following amount: \$ _____
- Withhold the following percent: _____ % (*Must be a whole percentage.*)

Please Note:

- If you elect state withholding but fail to provide a dollar amount or percentage to be withheld, we will withhold the "default" amount prescribed by your state.
- If you reside in a state that does not provide a "default" amount such as Delaware, Kansas or Massachusetts, we will automatically withhold at a rate of 5%.

Section D: Distribution Instructions
D1: U.S. Mail / Express Mail
Please choose one:

- Please mail check(s) to the Owner's address of record.
- Please mail check(s) to the address listed below.

Mailing Address (if different from Owner's Address) City/Town State Zip Code

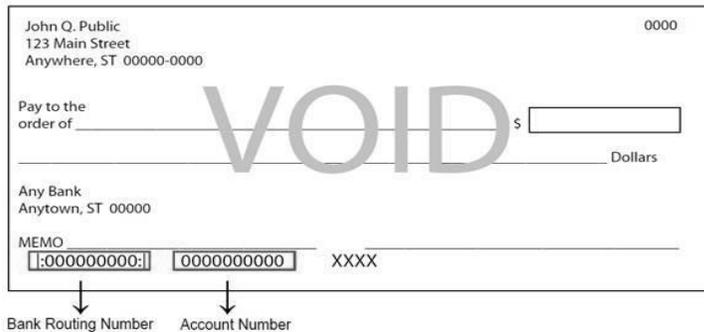
D2: Electronic Funds Transfer
Important Notes

- Following our receipt of this form, your first distribution may be in the form of a physical check sent directly to the current address of record.
- Electronic settlement of funds into your account may take up to three (3) business days after the effective date of your withdrawal.
- A voided check or a letter confirming routing and account information from your bank on bank letterhead is **REQUIRED**. No temporary checks will be accepted.

Please choose one:

- Please direct deposit my distribution to my **checking** account listed below.
 (A voided check is **REQUIRED** below.)
- Please direct deposit my distribution to my **savings** account listed below.
 (Direct deposit into a savings account is not available for contracts starting with 2XX.)
 (A letter confirming your bank account information is **REQUIRED** for savings accounts.)

Bank Account Number	Full Name of Bank	Branch Location
9 Digit Routing Number	Contact Person (if any)	Branch Telephone Number

Attach voided check here. Please use tape instead of staples.


John Q. Public
 123 Main Street
 Anywhere, ST 00000-0000 0000

Pay to the order of _____ \$ _____ Dollars

Any Bank
 Anytown, ST 00000

MEMO _____

[:000000000:] [0000000000] XXXX

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 Bank Routing Number Account Number

Section E: Certification and Signature(s)

By signing below, I acknowledge and understand the following:

- If I make an unscheduled withdrawal while the RMD Option is in effect, any amount distributed will be credited toward the annual amount required to be made under the RMD option, to the extent that the total required minimum distribution for that year has not been satisfied. Required minimum distributions for the remainder of that year will be prorated.
- That I can terminate this Agreement at any time by notifying the Company in writing.
- The elections made under this Agreement may restrict the available payment options under this contract and may also limit the options available to me under another RMD Agreement.
- The Company is furnishing this form and participating in this transaction at my specific request and has made no representation that the above distribution schedule will fulfill my specific tax obligations. I have been advised by the Company that I should discuss the tax consequences of this transaction with my own tax or legal advisor. Neither the Company, nor any of its officers, employees, or agents, may provide tax or legal advice, and I have not relied on any of these parties for such advice.
- The Company will calculate distributions from this contract in a fashion that satisfied IRS Guidelines and seeks to avoid any federal excise, or penalty taxes, provided that (a) all information that I provide is accurate and complete, and (b) I immediately notify the Company of any changes which will affect my calculation.
- If the owner or joint owner lives in a community property state, the owner's or joint owner's spouse must also sign.

I certify that I have read and understand all of this form and that I have completed all applicable sections to the best of my knowledge.

CERTIFICATION:
Taxpayer Identification Number (*must be completed*)

REQUIRED →	Owner's Social Security No./Taxpayer I.D.	
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Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because:
 - a) I am exempt from backup withholding; or
 - b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends; or
 - c) the IRS has notified me that I am no longer subject to backup withholding.

Instructions

You must cross out item 2 of the above certification if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid back-up withholding.

Owner/POA Signature	Date (mm/dd/yyyy)
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Spouse's Signature (<i>Required in the following community property states: AZ, CA, ID, LA, NM, NV, TX, WA, WI</i>) or check here if applicable <input type="checkbox"/> Not Married	Date (mm/dd/yyyy)
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This Required Minimum Distribution Form can be submitted as follows:
For contracts starting with 5XX, 6XX, 7XX or 8XX:
U.S. Mail

 Forethought Life Insurance Company
 P.O. Box 758507
 Topeka, Kansas 66675-8507

Private Express Carrier

 Forethought Life Insurance Company
 Mail Zone 507
 5801 SW 6th Avenue
 Topeka, Kansas 66636

Via Fax

Please fax to (785) 286-6104

Via Email

annuityservicecenter@gafg.com

For contracts starting with 2XX:
U.S. Mail

 Forethought Life Insurance Company
 P.O. Box 246
 Batesville, IN 47006

Private Express Carrier

 Forethought Life Insurance Company
 One Forethought Center
 Batesville, IN 47006

Via Fax

(877) 554-2413

Via Email

annuitypolicyservice@gafg.com

Questions? Please call our Annuity Service Center: (877) 244-7526

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